

**DANBURY HOSPITAL  
FINANCIAL POLICY  
CREDIT AND COLLECTION**

**I GENERAL**

To insure adequate reimbursement to meet operating needs, Danbury Hospital (the Hospital) requires payment or proof of the ability to pay at or before the time of service. Consistent with its mission, however, the Hospital will not deny necessary care because of a lack of financial information or financial resources. The Hospital may delay or deny elective care if financial resources are not properly identified.

In general, it is the Hospital's policy that accounts not paid within ninety (90) days will be reviewed for appropriate collection action. No later than sixty (60) days after review, accounts deemed uncollectible will be written-off.

**II ASSIGNMENT OF BENEFITS**

**Medicare** - with proper identification, the Hospital will accept Medicare assignment for covered services. Deductibles and co-pays are due in accordance with federal regulations. Non-covered services, with proper notification, are payable at the time of service or billing. The Hospital recognizes its responsibility to provide notice of non-coverage.

**Blue Cross** - with proper identification, the Hospital will accept Blue Cross assignment for covered services. Deductibles and co-pays are due in accordance with the Blue Cross agreement force. Non-covered services, with proper notification, are payable at the time of service or billing. The Hospital recognizes its responsibility to provide notice of non-coverage.

**Medicaid** - with proper identification, the Hospital will accept Medicaid assignment for covered services.

**Other third-party coverage** - with proper identification, the Hospital will, as a courtesy, bill other non-contracted third-party payors. Since there is no contractual relationship between the Hospital and these payors, the Hospital considers the patient or guarantor ultimately responsible for payment. Further, the Hospital will wait a maximum of sixty (60) days from initial billing for third-party payment at which time any outstanding balance immediately becomes a patient responsibility. After one hundred and twenty (120) days all outstanding balances become immediately due. The Hospital may, at its discretion, wait another thirty (30) days if the patient and/or third-party payor shows a good faith effort to expedite payment. Third-parties regulated by federal or state statutes are excluded from these requirements.

**Self-pay obligations** - as noted above, the Hospital will not deny necessary care because of a lack of financial resources. Self-pay obligations are, however, payable at the time of service or billing. The Hospital will assist third-party coverage. Additionally, the Hospital will provide a credit review to determine if financial assistance and/or extended credit terms are warranted.

### **III CREDIT**

The Hospital will maintain credit and financial counseling departments, with appropriate policies and procedures, to assess patients' ability to pay. This department is responsible for verification of third-party coverage, credit analysis, determining self-pay obligations and administering financial assistance programs.

### **IV COLLECTION**

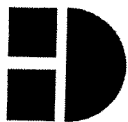
The Hospital will maintain a properly staffed collection department, with appropriate policies and procedures, to follow-up with the collection of aged self-pay and other third-party receivables. This department will also be responsible for recommending account write-offs, referrals to outside collection agencies and, when appropriate, collection litigation after consultation with Hospital legal counsel.

### **V NOTIFICATION**

**Inpatient and One Day Surgical Admissions** - the patient, admitting physician, chief of service and the operating room (if necessary) will be notified as soon as possible of any admission delayed or denied for financial reasons.

**Outpatient** - the patient, the department requested to provide service, and the referring physician will be notified as soon as possible of any treatment or services delayed or denied for financial reasons.

**Issues regarding determination of medical need will be resolved between the attending (referring) physician and the chief of service.**



**Patient Financial Services**

***Charity/Free Care Policy***

*Effective Date: 5/1/1997*

*Revised Date: 10/1/2008*

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**I. POLICY**

A. Danbury Hospital is a not for profit, tax-exempt entity with a charitable mission of providing medically necessary health care services to residents of the City of Danbury and the Hospital's defined primary service area, regardless of their financial status and ability to pay.

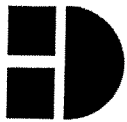
B. It is the policy of Danbury Hospital to provide "Financial Assistance" (either free care or reduced patient obligations) to persons or families where: (i) there is limited or no health insurance available; (ii) the patient fails to qualify for governmental assistance (for example Medicare or Medicaid); (iii) the patient cooperates with the Hospital in providing the requested information; (iv) the patient demonstrates financial need; and (v) Danbury Hospital makes an administrative determination that Financial Assistance is appropriate.

C. After the Hospital determines that a patient is eligible for Financial Assistance, the Hospital will determine the amount of Financial Assistance available to the patient by utilizing the Charitable Assistance Guidelines (**Exhibit 1**), which are based upon the most recent federal poverty guidelines.

D. Danbury Hospital shall regularly review this Financial Assistance Policy to ensure that at all times it: (i) reflects the philosophy and mission of the Hospital; (ii) explains the decision processes of who may be eligible for Financial Assistance and in what amounts; and (iii) complies with all applicable state and federal laws, rules, and regulations concerning the provision of financial assistance to indigent patients.

**II. PURPOSE**

A. Danbury Hospital is committed to advancing the health and well-being of those in its community by providing an integrated high quality and cost effective network of health care services and education centered around a teaching hospital, consistent with current medical standards for the prevention, diagnosis, treatment, and rehabilitation of illness; and anticipating and responding to new developments in the health care system; and integrating its services with those of other medical and social service organizations in the region (e.g., home health care agencies, long term facilities, and physical, mental, alcohol, and drug rehabilitation) so as to optimize the availability of such services within the region in a cost effective manner. Consistent with this mission, Danbury Hospital



## Patient Financial Services

### Charity/Free Care Policy

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recognizes its obligation to the community it serves to provide financial assistance to indigent persons within the community.

**B.** In furtherance of its charitable mission, Danbury Hospital will provide both (i) emergency treatment to any person requiring such care; and (ii) essential, *non-emergent* care to patients who are permanent residents of its primary service area who meet the conditions and criteria set forth in this Policy, without regard to the patients' ability to pay for such care. Elective procedures generally will not be considered essential, non-emergent care and usually will not be eligible for Financial Assistance.

### III. ELIGIBILITY AND DETERMINATION OF AMOUNT

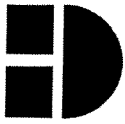
**A.** A patient will be eligible for Financial Assistance if the patient: (i) has limited or no health insurance; (ii) applies for but is deemed ineligible for governmental assistance (for example Medicare, Medicaid or State-Administered General Assistance); (iii) cooperates with the Hospital in providing the requested information; and (iv) demonstrates "financial need" or is deceased with no estate, no guarantor and no health insurance. In addition, a patient will be eligible for Financial Assistance in the event Danbury Hospital administration, in its discretion, deems such eligibility appropriate under a patient's unique circumstances.

**B.** Financial need: There are two ways a patient may be deemed to have financial need: (i) by a determination that the patient's income and available assets are below certain federal poverty guidelines<sup>1</sup> ("income" includes salaries, legal judgments, unemployment compensation, dividends, and interest checks; "assets" include savings, certificates of deposit, individual retirement accounts and property other than a patient's primary residence) – such a patient will be designated as "indigent" or as having a "financial hardship"; and (ii) medical hardship.

1. Indigency/Financial Hardship: If a patient's income and assets combined are below **400%** of the federal poverty guidelines, the patient will receive some form of Financial Assistance. The Financial Assistance may be either a complete

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<sup>1</sup> Federal poverty guidelines for the current year are available at <http://aspe.hhs.gov/poverty/index.shtml>. The Hospital's use of federal poverty guidelines will be updated annually in conjunction with the federal poverty guideline updates published by the United States Department of Health and Human Services.



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waiver of all patient responsibility or a discount or reduced patient obligation, depending on the patient's income.

- If a patient's income and assets combined falls below **250%** of the federal poverty guidelines, the patient will have no financial responsibility for the care provided by the Hospital. This means that both the services as well as the copayment and deductible amounts are completely waived.
- If a patient's income and assets combined falls between **251%** and **400%** of the federal poverty guidelines, the patient is eligible for Financial Assistance in the form of reduction in charges, as illustrated in **Exhibit 1**.

2. Medical Hardship: In addition to income and assets, Danbury Hospital will also consider Financial Assistance where a patient's medical bills are of such an amount that payment threatens the patient's financial survival.

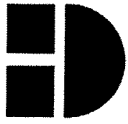
3. To determine whether a patient is eligible for Financial Assistance, the patient will be required to complete the Patient Financial Worksheet (**Exhibit 2**). The Hospital will assist patients with this form as requested by the patient.

C. Because a patient is not eligible under this policy until s/he has applied for and been deemed ineligible for federal and state governmental assistance programs, Danbury Hospital's Financial Counseling Department will assist patients in enrolling in federal and state governmental assistance programs. Trained financial counselors and other personnel may be contacted at (203) 739-7773 or (203) 730-5800 for any assistance required in completing the Application for Financial Assistance or with any other materials required by the Hospital under this Policy.

#### IV. PROCEDURES AND OBLIGATIONS FOR DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE

A. Applications for Financial Assistance will be distributed to all persons identified as in need.

B. Although ideally the Hospital will make a determination about Financial Assistance during pre-registration or prior to discharge, this may not be possible, either because the patient does not provide the necessary documentation, or the patient's



## Patient Financial Services

### Charity/Free Care Policy

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circumstances change after discharge, or in other circumstances where a given patient's circumstances or needs are identified. **A patient may request consideration at any time, and Danbury Hospital will evaluate a patient's eligibility under this policy as requested, up to and including consideration during the collections and judgment phase.** Patients are encouraged to contact the Hospital if their circumstances change or if additional need is identified. Danbury Hospital will review all information provided and relevant circumstances bearing on the need for Financial Assistance, will make a determination of eligibility, and will promptly notify the patient of his/her financial obligations, if any, as set forth below.

#### C. Eligibility Determination Procedure

1. The hospital staff will immediately forward a copy of the pre-admission record to Danbury's financial counselors for any patient/guarantor who has no insurance. Financial counselors will contact the patient/guarantor to schedule a financial interview as soon as is practicable but ideally before admission for a non-emergent, medically necessary service, and prior to discharge for an emergency admission. For emergency services, the Hospital will not delay screening or treatment of an emergency medical condition pending this financial interview.
2. Patients are required to complete the Patient Financial Worksheet (**Exhibit 2**) and return it to the financial counselor in the self-addressed stamped envelope provided by the Hospital within ten (10) days. Failure to timely supply required information will result in denial of a patient's request for provision of Financial Assistance. Patients are obligated to cooperate and provide all information needed in a timely manner. Note, however, if assistance is needed in gathering necessary information or materials requested as part of the Financial Assistance qualifying process, patients are encouraged to contact one of the Hospital's trained financial counselors at (203) 739-7773 or (203) 730-5800. Financial counselors also are available to assist patients with assessing their financial situations, gathering information requested by the Hospital, and assisting with similar tasks.
3. As part of the financial interview process, financial counselors will request the following documentation in order to process and validate Financial Assistance applications:



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- a. Confirmation of annual income and assets:
- Last four pay stubs and/or W2 form, social security award, unemployment compensation letter
  - Most recent income tax return
  - Most recent checking and savings account statements for all accounts upon which patient is listed as an account-holder
  - Banking/investment account statements
- b. Confirmation of patient's social security number and birth date. Proof must be in the form of one of the following:
- Social Security Card
  - Birth certificate
  - Baptismal Certificate
  - Military Discharge Papers
  - School Records
  - Drivers License
- c. Confirmation of residence in the form of the following:
- Mortgage Book
  - Current Rent Receipt
  - Current Lease
  - Tax Bill
  - Room and Board Statement
  - Utility Bill
  - Written Verification from Landlord

**D.** Although the information above is required from patients seeking Financial Assistance, Danbury Hospital may choose not to require some or all documentation depending upon circumstances and the patient's ability to obtain documentation.

**E.** Patients have an obligation to provide information reasonably requested by the Hospital so that the Hospital can make a determination of a patient's eligibility for Financial Assistance. **If a patient claims s/he has no means to pay but fails to**



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**provide the information reasonably requested by the Hospital, there will be no Financial Assistance extended and normal collection efforts may be pursued in the Hospital's sole discretion.**

**F. Eligibility and Notification Process:**

1. Upon receipt of a patient's Patient Financial Worksheet, the Financial Counseling Department will review the patient's application to determine that it is complete, including all required documentation. If it is not complete, the application will be returned to the patient for completion. If the Hospital returns an application to a patient as incomplete, the Hospital will contact that patient by telephone. If the Hospital is able to reach the patient by telephone, the Hospital will offer the patient an in-person or telephonic interview to determine such patient's eligibility for Financial Assistance. If the Hospital is unable to reach the patient by telephone, or, if there is no listed telephone number available, the Hospital will send a letter to the patient that details what is needed and that explains to the patient that it is his/her responsibility to contact the Hospital within ten (10) days of receiving the letter. The Hospital's trained financial counselors will offer to meet with the patient to assist him/her in completing the application so that the Hospital has all of the necessary information to make a determination on the patient's eligibility for Financial Assistance.

2. The Financial Counseling Department will complete the Financial Assistance Eligibility Determination Form attached as **Exhibit 3**, and will determine the amount the patient owes, if any. They will then inform the patient of his/her eligibility for Financial Assistance, and the amount of such Financial Assistance, within five (5) business days of the determination.

3. A determination of eligibility under this policy will be effective for six (6) months.

**V. COMMUNICATION**

The Hospital will communicate the availability of Financial Assistance to its patients by placing signage in the Registration Department and by distributing brochures on the Financial Assistance program in strategic areas throughout the Hospital, including, but not limited to, the emergency department, the patient financial services department and





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the admissions area. The signage and brochures will be in English, Portuguese, and Spanish, which are the languages appropriate to the community that the Hospital serves. In addition, the Hospital will include with its bills and statements information regarding how a patient can request Financial Assistance from the Hospital. Danbury Hospital will assist patients in need with making applications to all other sources of assistance, including Medicare and Medicaid. Patients are encouraged to contact the Hospital's trained financial counselors at (203) 739-7773 or (203) 730-5800 should they require assistance with making applications for other sources of financial assistance. This contact telephone number will be located strategically throughout the Hospital so that patients have a resource for obtaining support with any financial assistance questions they may have.

**VI. DOCUMENTATION AND RECORDKEEPING**

**A.** The Patient Access Department will maintain all documentation of Financial Assistance within the Hospital's Financial Assistance file. The Financial Assistance file will include a cumulative total of Financial Assistance cases, together with supportive documentation. Supportive documentation shall include, at a minimum, the following: (1) the number of applicants for free and reduced cost services, (2) the number of approved applicants, and (3) the total and average charges and costs of the amount of free and reduced cost care provided, consistent with the requirements of Public Act 03-266. The foregoing list of required supporting documentation will be revised from time to time to comply with any subsequent requirements set forth by the Office of Health Care Access or any other applicable state law or regulation.

**B.** The Director of Patient Access and Financial Services will review the status of the Financial Assistance program with the Chief Executive Officer, or his/her designee, on a regular basis. The Chief Executive Officer or his/her designee will be responsible for presenting this Financial Assistance Policy to the Board of Directors at least annually. Such presentation will include a detailed statement on what the Hospital's policy is on Financial Assistance, the impact of this Financial Assistance policy on Hospital operations and the level of need and benefits being conferred to the community under the Hospital's Financial Assistance program.

**C.** Information about the amount of Financial Assistance provided will be provided in accordance with state laws and regulations on reporting information under the Hospital's Financial Assistance Policy.



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**VII. PATIENT RIGHTS AND RESPONSIBILITIES**

**A.** To be eligible for Financial Assistance, the patient must cooperate with the Hospital by providing the necessary information and documentation necessary to apply for appropriate federal and state governmental assistance and other financial resources that may be available to pay for his/her health care. Prior to being considered eligible for Financial Assistance from Danbury Hospital, the patient must apply for all other appropriate sources of financial assistance. Danbury Hospital will assist patients with making such applications by providing assistance in completing the relevant forms and by assisting the patient with understanding how his/her income and assets relate to the Hospital's Charitable Assistance Guidelines. Consistent with this Policy, where the Hospital is aware that a patient will not qualify for a particular type of federal or state governmental assistance (e.g., based upon citizenship), the Hospital may waive the requirement that the patient apply for such assistance prior to becoming eligible for Financial Assistance.

**B.** Any request for Financial Assistance shall be made by or on behalf of a patient. Patients may apply for, and will be encouraged to apply for, Financial Assistance before, during or within a reasonable time after Hospital care is provided. In the event a patient does not initially qualify for any Financial Assistance, the patient may re-apply based on a documented change in circumstances.

**C.** Patients who are deemed eligible for any Financial Assistance must: (i) cooperate with the Hospital to establish a reasonable payment plan, which shall take into account all available income and assets, the amount of the discounted bill and any prior payments; and (ii) make good faith efforts to honor any mutually agreed upon payment plan for their discounted Hospital bills. Patients are responsible for communicating to the Hospital any change in financial status that may impact their ability to pay their discounted Hospital bill or to honor the provisions of their payment plans.

**D.** Notwithstanding anything in this Financial Assistance policy to the contrary, in the event a patient's financial circumstances become more favorable while receiving assistance under the Hospital's Financial Assistance program, the patient will be required to notify the Hospital of such change in circumstances.

**EXHIBIT 1**

**CHARITABLE ASSISTANCE GUIDELINES**

% Federal Poverty Guidelines	Patient's Responsibility
Below 200%	0%
200% -250%	0%
251% - 300%	50%
301% -350%	70%
351% - 400%	70%

**EXHIBIT 2**

**PATIENT FINANCIAL WORKSHEET**

**Patient Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_  
**Household Size:** \_\_\_\_\_

**1A Calculation of Available Income**

Monthly Salary/Pension

\_\_\_\_\_ x 12 \_\_\_\_\_

Monthly SSI/VA

\_\_\_\_\_ x 12 \_\_\_\_\_

Income Total

\_\_\_\_\_ x 12 \_\_\_\_\_ (AA)

**1B Calculation of Total Expenses**

Rent

\_\_\_\_\_

Electric

\_\_\_\_\_

Gas

\_\_\_\_\_

Telephone

\_\_\_\_\_

Water

\_\_\_\_\_

Car Payments

\_\_\_\_\_

Credit Cards

\_\_\_\_\_

Insurance

\_\_\_\_\_

Other

\_\_\_\_\_

Food (\$100.00 x dependents)

\_\_\_\_\_

Expense Total

\_\_\_\_\_

\_\_\_\_\_ x 12 \_\_\_\_\_ (BB)

**1C Eligible Income for Hospital Bills**

(AA – BB) (if less than 0, enter 1)

\_\_\_\_\_ (CC)

**1D Estimate Hospital Billing to Patient**

\_\_\_\_\_ (DD)

**1E Identification of Liquid Assets**

Bank Accounts

\_\_\_\_\_

Bonds

\_\_\_\_\_

Stocks

\_\_\_\_\_

CD's

\_\_\_\_\_

Mutual Funds

\_\_\_\_\_

Liquid Asset Total

\_\_\_\_\_ (EE)

**1F Total patient Due Minus Liquid**

Assets (DD- EE)

\_\_\_\_\_ (FF)

**1G Eligible Income Minus patient Due**

(CC-FF) Note: If GG is a negative  
number, then patient shall have no financial responsibility.

\_\_\_\_\_ (GG)

I attest that the above information is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I attest that the above information is correct and that the Patient/Guarantor is unemployed and cannot provide employment documentation.

**EXHIBIT 3**

**FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION FORM**

Date: \_\_\_\_\_

Danbury Hospital has conducted an eligibility determination for Financial Assistance for:

Name: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

The completed request for Financial Assistance was submitted by the patient or on behalf of the patient on:  
\_\_\_\_\_

Based on the information supplied by the patient or on behalf of the patient, the following determination has been made.

\_\_\_\_\_ Your request for Financial Assistance has been denied because your income and assets exceed those set forth in Danbury Hospital's Charitable Assistance Guidelines.

\_\_\_\_\_ Your request for Financial Assistance has been approved for services rendered on \_\_\_\_\_ . The entire balance will be treated as free care.

\_\_\_\_\_ Your request for Financial Assistance has been approved in accordance with the criteria under P.A. 03-266 for services rendered on \_\_\_\_\_ .

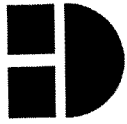
\_\_\_\_\_ You qualify for a cost reduction consistent with the Hospital's sliding scale. This office will contact you to establish payment arrangements.

\_\_\_\_\_ Your request has been denied for the following reason: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other (please described in detail):  
\_\_\_\_\_

If you have questions about this determination, please contact:

\_\_\_\_\_ at (203) \_\_\_\_\_, extension \_\_\_\_\_.



**Patient Financial Services**  
**Addendum to Free Care Policy**  
**Account Balances Under \$200.00**

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**POLICY**

To establish a policy to provide hospital charity funds to the patients in our community who do not qualify for State/Local Financial Assistance.

Patients with account balances under \$200 may be granted a discretionary grant of free care regardless of the status of the accounts, active or Bad Debt, contingent on verbal disclosure of income and asset information to the Collection Supervisor. Eligibility for charity/free care will be determined based on Federal Poverty Guidelines. (Exhibit 1)

**Verbal documentation should include:**

- Name
- Medical record number
- Demographic information/verification
- Every form of income
- Liquid assets
- Monthly expenses
- Number of family members in household (any family member contributing income)

**PROCEDURE**

- Using the Financial Hardship Form & Charity/Free Care/Bad Debt Determination Check List as a guide, document the verbal confirmation of income, assets, and monthly expenses, as well as the number of family members in the comments section of the Patient Management or Patient Accounting system.
- A print screen of all accounts, including the documented notes confirming income, assets, and monthly expenses must be provided to the Collection Team Leader for determination.
- Adjust the dollars identified for small balance charity in the Patient Accounting system using SMS adjustment code 84429.

**Exclusions to undocumented grants are as follows:**

- Any patient with account balances over \$200.
- Any patient pending legal action.
- Any patient covered by Medicare (Refer to Financial Counselor to ensure proper documentation is obtained).



**Patient Financial Services**  
**Addendum to Free Care Policy**  
**Account Balances Under \$200.00**

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**Tracking:**

- Balances adjusted to small balance charity will be identified and reviewed by the Manager of Patient Financial Services via a monthly report, which will provide a detailed listing of patients, and a summary of small balance adjustment activities.
- Once reviewed, a copy of the monthly report will be forwarded to the Director of Patient Financial Services for final approval.

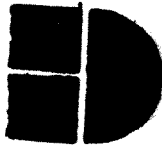
**Note:**

- **A completed formal application for charity along with three consecutive months of income documentation must be required for account balances over \$200, or when deemed necessary by the Collection Team Leader.**

**EXHIBIT 1**

**CHARITABLE ASSISTANCE GUIDELINES**

<b>% Federal Poverty Guidelines</b>	<b>Patient's Responsibility</b>
Below 200%	0%
200% -250%	0%
251% - 300%	50%
301% -350%	70%
351% - 400%	70%



**Danbury Hospital**  
The Community Health Center  
Danbury, CT 06810 Tel. 203-797-7000

March 29, 1996

Ms. Karen L. Gottlieb  
Executive Director  
AmeriCares Free Clinics, Inc.  
161 Cherry Street  
New Canaan, CT 06840

Dear Karen:

We all enjoyed meeting with you and Dr. Keller yesterday. My understanding is that we will be able to provide you with the basic services you outlined at no cost and other services at cost. You will recap to me shortly the specifics and estimated usage as well as the procedures you propose to follow. At a later meeting we will review the details of the paperwork and operating steps. Let me know when that meeting should occur.

Here is a list of the attendees as they were sitting from your left:

Paul Iannini, M.D., ~~Chairman~~ Department of Medicine 7985  
James Morris, Manager of Radiology  
Beth Frayne, Associate Vice President, ED, Lab, Radiology, Dental + more ext. 10A  
George Terranova, M.D., Chairman, Emergency Department  
June Arias, Administrative Director, Laboratory  
Ramon Kranwinkel, M.D., Chairman, Department of Laboratory Medicine 7338

I'm glad you found the meeting productive. I'll wait to hear from you.

Sincerely,

C. D. Peterson  
Vice President  
Planning, Marketing & Public Affairs

CDP/sls

Kevin Kranwinkel  
Dir. of Finance



# **AmeriCares**

**Free Clinic of Danbury**

198 Main Street • Danbury, CT 06811  
Tel: (203) 748-6168 • Fax: (203) 748-6888  
www.americares.org • info@americares.org

April 1999

Dear Dr. Goldstein,

We have just completed our data collection for the first two years of operations at the AmeriCares Free Clinic of Danbury. With your support and the generosity of the Danbury community, we have delivered medical care valued at over \$575,000. Over 1,270 patients have made more than 2920 visits from January 15, 1997 through December 31, 1998.

We are so fortunate to have the unprecedented support of Danbury Hospital and the City of Danbury. Our patients have access to a full range of laboratory and radiological/diagnostic tests, as well as consultations with specialists and at specialty clinics. Emergency services are provided through the Emergency Department and Dental Clinic of Danbury Hospital. We are particularly fortunate to have the compassionate and capable services of Katherine Kinasewitz, a case worker from the Department of Social Services. She has assisted many patients who qualify for public assistance and has met with over 1,000 patients since we opened. The Danbury Housing Authority continues to be the best landlord possible, providing great space at no cost to the program.

Our volunteers remain the unspoken heroes here. Many come to the clinic every week, and all who come give not only their expertise but their heart. Our physicians often come once a month and some more frequently. The corps of registered nurses function like a finely tuned machine under the direction of Dina Valenti. Dina joined us in May 1998 when Barbara McCabe moved to the Norwalk Clinic and has done an outstanding job imbuing the staff and patients with her enthusiasm and dedication.

We have been fortunate to have a continuity care clinic in place since June 1997 for patients with complicated chronic medical problems. In November 1998 a specialty clinic for diabetes was started that utilizes a multidisciplinary approach to diabetes management. We are comfortable in saying that there are few insured patients who receive the scope of services being provided to our clientele in our specialty clinics!

Finally, we take this opportunity to acknowledge our many contributors. Duracell has led the way with a generous three-year grant and many other companies, foundations, and individuals have generously given as well. Without the support of financial donors the clinic could not continue to provide the high-quality services that have benefited so many patients.

As we go forward into our third year we recognize the need for more walk-in adult clinic sessions. Hardly a session opens without a line of patients stretching down the hallway. We will facilitate this additional session as soon as physician availability allows. As special needs are recognized, we have the flexibility to address them and to be responsive to the community in which we exist.

It is with our profound thanks that we send this two-year report for your review. The clinic truly could not be the success it is without each and everyone working together as a cohesive team. Our gratitude.....from the AmeriCares Free Clinic staff.....the AmeriCares Free Clinic of Danbury Advisory Committee.....and the most special contingent of our program.....the patients. We have included a letter from a grateful family member of one of our patients; it reflects the words of gratitude so often heard from our patients.

Sincerely,

Karen L. Gottlieb  
Executive Director  
AmeriCares Free Clinics, Inc.

Robert C. Macauley  
Founder and Chairman  
AmeriCares

## AmeriCares Free Clinics Eligibility Criteria for Patient Services

### 2009 Income Guidelines

The AmeriCares Free Clinics program will provide health-care services, free of charge, to eligible individuals with a total household income under 200% of the Federal Poverty Level (FPL).

Individuals with a total household income between 200% - 300% FPL will be considered on a case-by-case basis by the clinic social worker, or in her absence, by the AFC director. In these cases, some restrictions on services will apply (e.g. no referrals to specialists).

Individuals with a total household income over 300% FPL are not eligible to receive AFC services.

### Annual, Monthly & Weekly Income by Number of Individuals in Household as Percent of Federal Poverty Level

Family Size	Medicaid Eligible	HUSKY Parents	HUSKY Children	AFC Eligible	AFC Restricted
	100% FPL	150% FPL	185% FPL	200% FPL	300% FPL
1	10,830	NA	20,036	21,660	32,490
	903	NA	1,670	1,805	2,708
	208	NA	385	417	625
2	14,570	21,855	26,955	29,140	43,710
	1,214	1,821	2,246	2,428	3,643
	280	420	518	560	841
3	18,310	27,465	33,874	36,620	54,930
	1,528	2,289	2,823	3,052	4,578
	352	528	651	704	1,056
4	22,050	33,075	40,793	44,100	66,150
	1,838	2,756	3,399	3,675	5,513
	424	636	784	848	1,272
5	25,790	38,685	47,712	51,580	77,370
	2,149	3,224	3,976	4,298	6,448
	496	744	918	992	1,488
6	29,530	44,295	54,631	59,060	88,590
	2,461	3,691	4,553	4,922	7,383
	568	852	1,051	1,136	1,704
7	33,270	49,905	61,550	66,540	99,810
	2,773	4,159	5,129	5,545	8,318
	640	960	1,184	1,280	1,919
8	37,010	55,515	68,469	74,020	111,030
	3,084	4,626	5,706	6,168	9,253
	712	1,068	1,317	1,423	2,135
For each additional person add	3,740	5,610	6,919	7,480	11,220
	312	468	577	623	935
	72	108	133	144	216

AmeriCares

# KEVIN'S COMMUNITY CENTER

Free Medical Clinic

103, 425-0100  
153 S. Main St.  
Newtown, CT

Open every Wednesday from 1-5 PM

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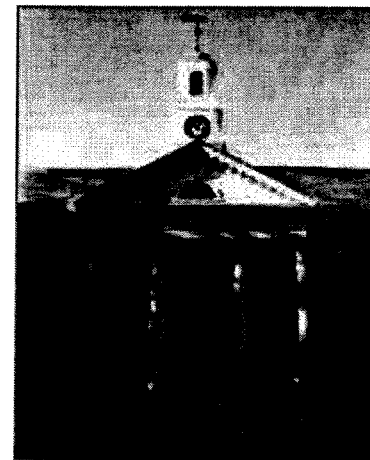
## KCC Services

Kevin's Community Center Clinic provides coordinated, comprehensive, personalized primary health care on a first-contact basis, incorporating medical diagnosis and treatment and personal support. The Clinic also supplies information about illness, including the prevention of disability and disease through early detection, education and treatment. These responsibilities, in conjunction with the evaluation and appropriate referral of patients who require specialist evaluation and treatment, comprise the scope of practice for Kevin's Community Center Clinic.

We see both scheduled and walk-in patients each Wednesday afternoon from 1 P.M. - 5 P.M. Appointments may decrease wait time.

## Services Available

- Free primary health care
- [Free Diabetes Clinic & Education](#)
- Free Laboratory & Radiological Services
  - Services are offered through the generous support of [Danbury Hospital](#) and Housatonic Valley Radiological Associates.
- Free Referral Specialty Care
  - Our network of referrals include over 100 specialists from the greater Danbury area and the Danbury Office of Physican Services who donate their time.
- Prescription Medications
  - Most prescription medications are offered free of charge through our stock samples. The balance is offered at cost through the Drug Center Pharmacy of Newtown and through our patient assistance programs. To keep costs down we also take advantage of the generic Rx programs offered by many pharmacies.



Paintings used with permission of Artist Lisa Cascone

## **SELF-PAY COLLECTION PROCESS**

### **Pure Self-Pay (F/C P) Inpatient and Outpatient Accounts**

#### **Timeline:**

One day after blue & white bill, system sends Letter 94 “uninsured letter” to guarantor (OP) and Letter 95 “uninsured letter” to inpatients.

Fifteen days (IP) or thirty days (OP) from the first blue and white bill, patient balance > \$24.99, system sends statement to guarantor.

Thirty days from last statement, patient balance between \$25.00 and \$2499.99, system sends final notice letter to guarantor. (For account balances > \$2499.00 collector follows up manually)

Thirty days from final notice letter, patient balance between \$25.00 and \$2499.99, system changes financial class to Z, which is pre bad debt (Sits in Z for 3 weeks then changes to FC G).

- Charges are reviewed for accuracy.
- All accounts are reviewed by entering Medical Record Number into the patient accounting system. Each account is assessed for insurance information or programs available through Danbury Hospital or outside agencies such as charity, grants, eligibility under Public Act 03-266, or Medicaid. If insurance information is found, the status is reviewed for payment or denial. If denied, the reason for denial is identified and the account is assessed for potential resubmission. All notes on other accounts are reviewed for any information that may be helpful in the collection of all outstanding accounts.
- If no insurance information is identified, an inpatient final bill is mailed to the guarantor with a letter and a copy of the summary letter detailing charity policies and the qualifications for P.A. 03-266 (see attached). Outpatient bills are sent without a letter, however the summary letter detailing charity policies and qualifications for P.A. 03-266 is sent separately.
- The guarantor is contacted for payment in full, settlement in full, or time payments. If the guarantor indicates they are unable to pay or cannot meet Danbury Hospital’s time payment policy, the guarantor is referred to the Financial Counselor for assessment for other programs, i.e. Medicaid, charity, P.A. 03-266. If the account balances for the outstanding accounts are less than \$500.00 each, the account is reviewed for small balance charity. For all inpatient and outpatient surgery accounts the financial counselor’s

notes are reviewed. If there are no notes from the financial counselor, the supervisor in financial counseling is contacted for review.

- All self-pay inpatient and outpatient surgery accounts with account balance over \$2,499.99 are reviewed by the collection team. The financial counselor should have worked these accounts and documented their assessment. All accounts identified for Atty Simko by the financial counselor are referred to Attorney Simko by the Collection Team after review with the Managers of Patient Access and Patient Financial Services.
- If the guarantor cannot be reached at home or if there is no home telephone available, the place of employment is contacted if applicable. If guarantor cannot be reached at employment or is unemployed, an attempt is made to contact all "Emergency Contacts" identified in Patient Management.
- If a message is left for the guarantor, a follow-up call is made within 48 hours.
- A contact letter is mailed for all accounts where the collector has been unsuccessful in reaching the guarantor. (See attached)
- Property ownership and assets are verified for all patients with cumulative balances greater than \$2499.99.
- Once all collection efforts have been exhausted, a final notice letter is mailed to the guarantor. (See attached)
- Provided that all collection efforts have been exhausted, and a final notice has been sent to the guarantor, the account is reviewed with the Managers of Patient Access and Patient Financial Services for approval for referral to CCI, Attorney Simko or Attorney Tobin.
- If insurance information is identified, the insurance coverage is verified via the appropriate web site or with the carrier directly. If insurance is valid, the final bill and the letter are discarded and the verified insurance information is entered into the patient management system. Support Services is contacted for a new account generation.

**Self-Pay Balance after Insurance or Insurance Rejection (F/C U & M) Inpatient and Outpatient Accounts**

**Timeline FC U:**

**Thirty days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends statement to guarantor.**

**Sixty days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends final notice letter to guarantor.**

**Ninety days from last financial class change, patient balance > \$24.99, response code not J or K system changes financial class to Z (Bad Debt) (Z will change to G in 3 weeks)**

**Insurance 1 paid today, total insurance balance < 0, System transfers credit balance to Patient Column**

**Timeline FC M:**

**Thirty days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends statement to guarantor.**

**Sixty days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends statement to guarantor.**

**Ninety days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends final notice letter to guarantor.**

**One hundred twenty days from last financial class change, response code not J or K, patient balance > \$24.99, total insurance balance=0, system transfers to financial class X (Medicare bad debt). *(Will follow Siemen's Bad Debt Rules)***

- **The patient responsibility is verified via the explanation of benefits, the payer remittance, or the appropriate website.**
- **If the claim is denied for "information requested from member" the guarantor is contacted for the requested information which is then submitted to the insurance carrier. If the patient must respond directly to the insurance carrier, the guarantor is advised to contact the insurance carrier.**

If the claim is denied for “info requested from the provider”, the requested information is identified and the account is resubmitted.

- If the claim is denied “patient responsibility” the guarantor is contacted for payment in full, settlement in full or time payments. If the guarantor indicates they are unable to pay, or cannot meet Danbury Hospital’s time payment policy, the collector will refer the guarantor to the Financial Counselor for assessment for other programs such as Medicaid, charity, or P.A. 03-266. If the account balances for the outstanding accounts are less than \$500.00 each, they are reviewed for small balance charity.
- If the guarantor cannot be reached at home or if there is no home telephone available, the place of employment is contacted if applicable. If guarantor cannot be reached at employment or is unemployed, an attempt is made to contact all “Emergency Contacts” identified in Patient Management.
- If a message is left for the guarantor, a follow-up call is made within 48 hours. A contact letter is mailed for all accounts where the collector has been unsuccessful in reaching the guarantor. (See attached)
- Property ownership and assets are verified for all patients with cumulative balances greater than \$2499.99.
- Provided that all collection efforts have been exhausted, and a final notice has been sent to the guarantor, the account is reviewed with the Managers of Patient Access and Patient Financial Services for approval for referral to CCI, Attorney Simko or Atty Tobin.

**Non-Contracted Insurance Timeline (F/C 4) Inpatient and Outpatient Accounts**

**Timeline FC 4:**

Thirty days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends statement to guarantor.

Sixty days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends final notice letter to guarantor.

Ninety days from last financial class change, patient balance > \$24.99, response code not J or K system changes financial class to Z (Bad Debt) (Z will change to G in 3 weeks)

Insurance 1 paid today, total insurance balance < 0, System transfers credit balance to Patient Column



**Insurance 1 paid today, total insurance balance < 0, System transfers credit balance to patient column**  
*(If patient balance is > \$24.99, then system changes FC to U and sends statement to patient)*

- The insurance carrier is contacted to verify if the account was received and to identify why the claim was not processed.
- If the carrier indicates the claim is not on file, the subscriber's name, the insurance ID #, the group name and number if necessary, and the carrier address are verified. The Patient Management/Patient Accounting system is updated with the corrected information and, if necessary, the account is referred to the billing department for resubmission.
- If the carrier has denied the claim patient responsibility, the carrier is asked to either fax or send the denial.
- The denial is posted in patient accounting and forwarded to document imaging.
- The process for pure self-pay collections is followed as stated above.

**Revised 09/28/09**